


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90053 024 ***150.00

DOCUMENT # P32067
 1. Entity Name
TSI SECURITY ACQUISITION CORP.



Principal Place of Business Mailing Address
C/O DONALD S. CALDER, P.A. **C/O DONALD S. CALDER, P.A.**
8181 W. BROWARD BLVD SUITE 350 **8181 W. BROWARD BLVD SUITE 350**
PLANTATION FL 33324 **PLANTATION FL 33324**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number **22-3080238** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CALDER, DONALD S
8181 W. BROWARD BLVD SUITE 350
PLANTATION FL 33324

7. Name and Address of New Registered Agent Address
 Name **Donald S. Calder, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
1041 SE 17th Street, PH 3
 City **Ft Lauderdale** **FL** Zip Code **33316**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LINEBERGER, JAMES E. 1120 BOSTON POST RD DARIEN CT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LINEBERGER, J.E. JR 1120 BOSTON POST RD DARIEN CT 06820	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2/8/05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #